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| UTILITY<br>PATENT APPLICATION<br>TRANSMITTAL | Attorney Docket No.:    | CS22395RL  |
|  | First Inventor:         | Shipshock, Michael D.  |
|  | Title:                  | USER CONFIGURABLE PRE-ACTIVATED GPRS<br>PDP CONTEXT HANDLING FOR IMPROVED<br>ACTIVATION TIME |
|  | Express Mail Label No.: | EV415997098US  |

(Only for new nonprovisional applications under 37 CFR 1.53(b))

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| APPLICATION ELEMENTS<br>(see MPEP chapter 600 concerning<br>utility patent application contents) | ADDRESS TO:<br>Mail Stop Patent Application<br>Commissioner for Patents<br>P. O. Box 1450<br>Alexandria, VA 22313-1450 |
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| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate<br/>(Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status<br/>See 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="20"/><br/>(preferred arrangement set forth below)<br/>-Descriptive title of the invention<br/>-Cross Reference to Related Applications<br/>-Statement Regarding Fed sponsored R&amp;D<br/>-Reference to sequence listing, a table,<br/>-Background of the Invention<br/>-Brief Summary of the Invention<br/>-Brief Description of the Drawings (if filed)<br/>-Detailed Description<br/>-Claim(s)<br/>-Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets <input type="text" value="6"/></p> <p>5. Oath or Declaration<br/>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br/>b. <input type="checkbox"/> Copy from a prior application (37<br/>CFR 1.63(d)) (for continuation/ divisional with<br/>Box 18 completed)<br/>i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br/>Signed statement attached deleting<br/>inventor(s) named in the prior application,<br/>see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large<br/>table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence<br/>(if applicable, all necessary)<br/>a. <input type="checkbox"/> Computer Readable Form (CFR)<br/>b. <input type="checkbox"/> Specification Sequence Listing on:<br/>i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies);<br/>ii. <input type="checkbox"/> or paper<br/>c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) <input type="checkbox"/> Power of Attorney<br/>Statement (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> IDS <input type="text" value="1"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C.<br/>122(b)(2)(B)(i). Applicant must attach form<br/>PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____<br/>_____<br/>_____<br/>_____</p> |
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## ACCOMPANYING APPLICATION PARTS

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in- Part (CIP) Prior Appl. No.

Prior Appl. information: Examiner:  Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

|   |  |                  |   |
|---|--|------------------|---|
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | <input type="text" value="20280"/>                           | or               | <input type="checkbox"/> Correspondence address below |
| Name  | Hisashi D. Watanabe  |                  |   |
| Address   | Motorola, Inc. - Law Department<br>600 North U.S. Highway 45 |                  |   |
| City  | Libertyville   | State            | IL Zip Code 60048                                     |
| Country   | U.S.A.   | Telephone        | 847-523-2322 Fax 847-523-2350                         |
| Name  | Hisashi D. Watanabe  | Registration No. | 37,465  |
| SIGNATURE   | Hisashi D. Watanabe  |                  | Date 3/31/04  |

| <b>FEE TRANSMITTAL</b><br>Patent fees are subject to annual revision<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |                            | <b>Complete if Known</b>   |                      |  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
|--|----------------------------|--|----------------------|--|--------------------------|-----------------|----------|-----------------|----------|----------|----------|--------------------|------|------|------|------|-------------------------------------|-------------------|----|------|-----|-------------------------------------|-----------------|------------------|-----------------|-----------------|---------------------------|------|------|--------------------|------------------------|---|------|------|------|-----------------------------------|--|---------------------|-------|------|---------------------------------------|---|--------------------------|------|------|---|--|------|------|------|---|---|------|-----|------|-----|--|------|------|------|-----|---|------|------|------|------|--|------|-----|------|-----|------------------|------|-----|------|-----|--|------|-----|------|-----|--------------------------|------|------|------|------|---|------|-----|------|----|----------------------------------|------|------|------|-----|------------------------------------|------|------|------|-----|--------------------------------|------|-----|------|-----|------------------|------|-----|------|-----|-----------------|------|-----|------|-----|-------------------------------|------|----|------|----|-------------------------------------|------|-----|------|-----|-------------------|------|----|------|----|--|------|-----|------|-----|---|------|-----|------|-----|--|------|-----|------|-----|---|------|-----|------|-----|---|---------------------------|--|--|--|--|
|  |                            | Application Number   |                      |  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
|  |                            | Filing Date  | 3/31/04              |  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
|  |                            | First Named Inventor   | Michael D. Shipshock |  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
|  |                            | Examiner Name  |                      |  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
|  |                            | Group Art Unit   |                      |  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| TOTAL AMOUNT OF PAYMENT  |                            | Attorney Docket No.  | CS22395RL            |  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| TOTAL AMOUNT OF PAYMENT  |                            | (\$) <b>932.00</b>   |                      |  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <b>METHOD OF PAYMENT</b> (check all that apply)  |                            | <b>FEE CALCULATION</b> (continued)   |                      |  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number <b>502117</b><br>Deposit Account Name <b>Motorola, Inc.</b>  |                            | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late Provisional filing</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for ex parte Reexamination</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td></tr> <tr><td>1254</td><td>1480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td></tr> <tr><td>1255</td><td>2010</td><td>2255</td><td>1005</td><td>Extension for reply within fifth month</td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td></tr> <tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td><td>Petition to institute a public use proceeding</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td></tr> <tr><td>1453</td><td>1330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td></tr> <tr><td>1501</td><td>1330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of IDS</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td></tr> <tr><td colspan="5">Other fee (specify) _____</td></tr> </tbody> </table> |                      | Large Entity   |                          | Small Entity    |          | Fee Description | Fee Code | Fee (\$) | Fee Code | Fee (\$)           | 1051 | 130  | 2051 | 65   | Surcharge - late filing fee or oath | 1052              | 50 | 2052 | 25  | Surcharge - late Provisional filing | 1053            | 130              | 1053            | 130             | Non-English specification | 1812 | 2520 | 1812               | 2520                   | For filing a request for ex parte Reexamination | 1804 | 920* | 1804 | 920*                              | Requesting publication of SIR prior to Examiner action | 1805                | 1840* | 1805 | 1840*                                 | Requesting publication of SIR after Examiner action | 1251                     | 110  | 2251 | 55  | Extension for reply within first month | 1252 | 420  | 2252 | 210   | Extension for reply within second month | 1253 | 950 | 2253 | 475 | Extension for reply within third month | 1254 | 1480 | 2254 | 740 | Extension for reply within fourth month | 1255 | 2010 | 2255 | 1005 | Extension for reply within fifth month | 1401 | 330 | 2401 | 165 | Notice of Appeal | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal | 1403 | 290 | 2403 | 145 | Request for oral hearing | 1451 | 1510 | 1451 | 1510 | Petition to institute a public use proceeding | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable | 1453 | 1330 | 2453 | 665 | Petition to revive - unintentional | 1501 | 1330 | 2501 | 665 | Utility issue fee (or reissue) | 1502 | 480 | 2502 | 240 | Design issue fee | 1503 | 640 | 2503 | 320 | Plant issue fee | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) | 1806 | 180 | 1806 | 180 | Submission of IDS | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application | Other fee (specify) _____ |  |  |  |  |
| Large Entity   |                            | Small Entity   |                      | Fee Description  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Fee Code   | Fee (\$)                   | Fee Code   | Fee (\$)             |  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1051   | 130                        | 2051   | 65                   | Surcharge - late filing fee or oath  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1052   | 50                         | 2052   | 25                   | Surcharge - late Provisional filing  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1053   | 130                        | 1053   | 130                  | Non-English specification  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1812   | 2520                       | 1812   | 2520                 | For filing a request for ex parte Reexamination                            |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1804   | 920*                       | 1804   | 920*                 | Requesting publication of SIR prior to Examiner action                     |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1805   | 1840*                      | 1805   | 1840*                | Requesting publication of SIR after Examiner action                        |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1251   | 110                        | 2251   | 55                   | Extension for reply within first month                                     |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1252   | 420                        | 2252   | 210                  | Extension for reply within second month                                    |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1253   | 950                        | 2253   | 475                  | Extension for reply within third month                                     |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1254   | 1480                       | 2254   | 740                  | Extension for reply within fourth month                                    |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1255   | 2010                       | 2255   | 1005                 | Extension for reply within fifth month                                     |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1401   | 330                        | 2401   | 165                  | Notice of Appeal   |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1402   | 330                        | 2402   | 165                  | Filing a brief in support of an appeal                                     |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1403   | 290                        | 2403   | 145                  | Request for oral hearing   |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1451   | 1510                       | 1451   | 1510                 | Petition to institute a public use proceeding                              |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1452   | 110                        | 2452   | 55                   | Petition to revive - unavoidable   |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1453   | 1330                       | 2453   | 665                  | Petition to revive - unintentional   |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1501   | 1330                       | 2501   | 665                  | Utility issue fee (or reissue)   |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1502   | 480                        | 2502   | 240                  | Design issue fee   |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1503   | 640                        | 2503   | 320                  | Plant issue fee  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1460   | 130                        | 1460   | 130                  | Petitions to the Commissioner  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1807   | 50                         | 1807   | 50                   | Processing fee under 37 CFR 1.17(q)  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1806   | 180                        | 1806   | 180                  | Submission of IDS  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 8021   | 40                         | 8021   | 40                   | Recording each patent assignment per property (times number of properties) |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1809   | 770                        | 2809   | 385                  | Filing a submission after final rejection (37 CFR § 1.129(a))              |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1810   | 770                        | 2810   | 385                  | For each additional invention to be examined (37 CFR § 1.129(b))           |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1801   | 770                        | 2801   | 385                  | Request for Continued Examination (RCE)                                    |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1802   | 900                        | 1802   | 900                  | Request for expedited examination of a design application                  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Other fee (specify) _____  |                            |  |                      |  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <b>FEE CALCULATION</b>   |                            |  |                      |  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>770</td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td><b>(\$)<b>770.00</b></b></td></tr> </tbody> </table>   |                            | Large Fee Code   | Entity Fee (\$)      | Small Fee Code   | Entity Fee (\$)          | Fee Description | Fee Paid | 1001            | 770      | 2001     | 385      | Utility filing fee | 770  | 1002 | 340  | 2002 | 170                                 | Design filing fee |    | 1003 | 530 | 2003                                | 265             | Plant filing fee |                 | 1004            | 770                       | 2004 | 385  | Reissue filing fee |                        | 1005  | 160  | 2005 | 80   | Provisional filing fee            |  | <b>SUBTOTAL (1)</b> |       |      |                                       |   | <b>(\$)<b>770.00</b></b> |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Large Fee Code   | Entity Fee (\$)            | Small Fee Code   | Entity Fee (\$)      | Fee Description  | Fee Paid                 |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1001   | 770                        | 2001   | 385                  | Utility filing fee   | 770                      |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1002   | 340                        | 2002   | 170                  | Design filing fee  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1003   | 530                        | 2003   | 265                  | Plant filing fee   |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1004   | 770                        | 2004   | 385                  | Reissue filing fee   |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1005   | 160                        | 2005   | 80                   | Provisional filing fee   |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <b>SUBTOTAL (1)</b>  |                            |  |                      |  | <b>(\$)<b>770.00</b></b> |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Previously Paid**</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>22</td> <td>20</td> <td>2</td> <td>18</td> <td>36</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>3</td> <td>86</td> <td>86</td> </tr> <tr> <td colspan="4">Multiple Dependent</td> <td>290</td> </tr> </tbody> </table><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>* Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>* Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td><td><b>(\$)<b>122.00</b></b></td></tr> </tbody> </table> |                            | Total Claims   | Previously Paid**    | Extra Claims   | Fee from below           | Fee Paid        | 22       | 20              | 2        | 18       | 36       | Independent Claims | 4    | 3    | 86   | 86   | Multiple Dependent                  |                   |    |      | 290 | Large Fee Code                      | Entity Fee (\$) | Small Fee Code   | Entity Fee (\$) | Fee Description | 1202                      | 18   | 2202 | 9                  | Claims in excess of 20 | 1201  | 86   | 2201 | 43   | Independent claims in excess of 3 | 1203   | 290                 | 2203  | 145  | Multiple dependent claim, if not paid | 1204  | 86                       | 2204 | 43   | * Reissue independent claims over original patent | 1205                                   | 18   | 2205 | 9    | * Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (2)</b>                     |      |     |      |     | <b>(\$)<b>122.00</b></b>               |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Total Claims   | Previously Paid**          | Extra Claims   | Fee from below       | Fee Paid   |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 22   | 20                         | 2  | 18                   | 36   |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Independent Claims   | 4                          | 3  | 86                   | 86   |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Multiple Dependent   |                            |  |                      | 290  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Large Fee Code   | Entity Fee (\$)            | Small Fee Code   | Entity Fee (\$)      | Fee Description  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1202   | 18                         | 2202   | 9                    | Claims in excess of 20   |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1201   | 86                         | 2201   | 43                   | Independent claims in excess of 3  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1203   | 290                        | 2203   | 145                  | Multiple dependent claim, if not paid                                      |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1204   | 86                         | 2204   | 43                   | * Reissue independent claims over original patent                          |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1205   | 18                         | 2205   | 9                    | * Reissue claims in excess of 20 and over original patent                  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <b>SUBTOTAL (2)</b>  |                            |  |                      |  | <b>(\$)<b>122.00</b></b> |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| **OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.<br>*For Reissues, see above   |                            |  |                      |  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <b>SUBMITTED BY</b>  |                            | <b>Complete (if applicable)</b>  |                      |  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Name (Print/Type)  | Hisashi D. Watanabe        | Registration No.   | 37,465               |  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Signature  | <i>Hisashi D. Watanabe</i> | Telephone  | 847-523-2322         |  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
|  |                            | Date   | 03/31/04             |  |                          |                 |          |                 |          |          |          |                    |      |      |      |      |                                     |                   |    |      |     |                                     |                 |                  |                 |                 |                           |      |      |                    |                        |   |      |      |      |                                   |  |                     |       |      |                                       |   |                          |      |      |   |  |      |      |      |   |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |

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